24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund	FEC IDENTIFICATION NUMBER ▼ C C00053553
Check if 24-hour report X 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Master Print, Inc. Mailing Address P.O. Box 1467	Date of Public Distribution/Dissemination 07 21 VY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
City State Zip Code Newington VA 22122	899.25 Transaction ID : 60869772 Date of Disbursement or Obligation
Purpose of Expenditure Print 4 Color Flyers Category/ Type 004	M - M / D - D / Y - Y - Y - Y
Name of Federal Candidate X Support Office	ce Sought:
Calendar Year-To-Date Per Election for Office Sought Disl 201	oursement For: Primary
Full Name of Payee Master Print, Inc.	Date of Public Distribution/Dissemination 07
Mailing Address P.O. Box 1467	Amount
City State Zip Code Newington VA 22122	299.75 Transaction ID : 60869773
Purpose of Expenditure Print 4 Color Flyers Category/ Type 004	Date of Disbursement or Obligation
Name of Federal Candidate Support Sen. Mark Udall Oppose	ce Sought: House District: President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought Dis 20'	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	1199.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Mary Rose Adkins [Electronically Filed] Date	07

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

,	FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Rifle Association of America Political Victory Fund	C C00053553
check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Loudoun Fair and Associates	07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 4100	Amount
City State Zip Code	325.00
Leesburg VA 20177	Transaction ID: 60777602 Date of Disbursement or Obligation
Purpose of Expenditure Booth Rental Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	Sought: X House District: 10
Barbara Comstock Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary X General
Per Liection for Office Sought	Other (specify) -
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
	President Senate State:
	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	325.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1524.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Mary Rose Adkins [Electronically Filed] Date	_
Signature	

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